

**REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION****LEARNING DISABILITY SELF ASSESSMENT FRAMEWORK****Purpose of the Report**

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Learning Disability Self-assessment as reported to the Public health observatory in November 2013 and to seek support from the board regarding the future progress of work in order to improve our work in this area.

Information and Advice

2. The Joint Health and Social Care Self-Assessment Framework (JHSCSAF) replaces the *Valuing People Now* Self-Assessment which was primarily undertaken by Social Care and the Learning Disability Health Self-Assessment, primarily undertaken by Health.
3. This year's self-assessment was completed by commissioners from Bassetlaw and Newark and Sherwood CCGs (the latter on behalf of all county CCGs) and Adult Social Care, with valuable input from carer representatives and stories to support the ratings from service users. Input was also received from District & Borough Councils, NHS England, The GEM (Greater East Midlands), Nottinghamshire Healthcare NHS Trust, provider services and social care practitioners. The assessment was consulted on before submission with the learning disability partnership board.
4. As part of this submission, there was a requirement for each Health and Wellbeing Board to discuss the content of the self-assessment before the end of March 2014.
5. The first part of the self-assessment was made up of a number of questions relating to data, e.g. how many people with a learning disability are there in your partnership board area or how many people are currently in long stay hospitals. The second part was split into 3 sections, each with 9 questions in, asking us to rate red, amber or green, with some narrative to support this. The criteria for scoring red, amber or green (RAG) was set for each question (please see link at the end of this report for detail of the RAG criteria). We were also expected to collate evidence to support the answers we gave; this was not required to be submitted but will be available if and when we are validated. We also included some real life stories from carers and service users to support the return we made.
6. The three sections were:

- Staying Healthy – 2 Red, 5 Amber and 2 Green
- Being Safe – 2 Red, 3 Amber and 4 green
- Living well – 5 Amber and 4 Green

7. Some examples of areas working well (where we have scored Green) include

- Acute Liaison Nurses – they provide a valuable resource for people with learning disabilities going into hospital. not only are they available to work with individuals to ensure good access to services and a positive experience of patients when in hospital but also are key to identifying and delivering training across the wider health community, encouraging partnership working and shared communication tools.
- Joint work - Nottinghamshire has a health and wellbeing board. Integrated commissioning groups across health and social care meet on a regular basis and have joint action plans covering all service user groups with specific plans for people with learning disabilities and people with autism. Priorities are agreed by and progress against is monitored and reported to the LD partnership Board and the H&W board. The Winterbourne project (moving people out of long stay hospitals back into the community) is being jointly project managed by health and social care, with a joint project board meeting monthly and plans are being explored to develop pooled budgets to ensure services for people with complex needs and/or challenging behaviours are appropriately met.
- Arts and Culture and Sports and leisure – there are a wide range of opportunities throughout the county for people with learning disabilities to be involved in social activities and be part of the community. Care and support plans and provider contracts all emphasise the importance of this.
- Carer and user involvement in planning and commissioning services – carers and service users are routinely involved in all tenders for learning disability services. Commissioning plans are consulted on through the partnership boards and there are numerous forums specifically for people with Learning disabilities and/or their carers across health and social care. Big health days provide specific consultation opportunities and people with learning disabilities are involved in more universal services such as the safeguarding board and Sherwood hospitals steering group. Provider contracts all include the requirement for involvement.

8. Some of the areas where we need to make improvements (where we rated Red) include:

- Ensuring everyone with a learning disability has an up to date health action plan which gives details of all the support they may need relating to keeping healthy. Previously this is not consistently monitored but a new template has been created which will be filled in as part of the annual health check. We rated Amber for the number of annual health checks completed which was 67%.
- Offender health - Currently offender health commissioners (NHS England) don't yet have informed representation of the views and needs of people with learning disability or autism either in custody suites or prisons within Nottinghamshire. A health needs assessment is being undertaken in Nottinghamshire police custody suites (to support

the transfer of commissioning responsibility) and are also refreshing some health needs assessments in prisons.

- Undertaking annual contract reviews with providers. To reach amber we needed to have had a formal review with 90% of all of our providers. Health had reviewed all of their hospital providers but within social care, while some providers had been quality audited more than once in a year (where there were concerns) not all providers had had a formal review/quality audit. It is anticipated that 100% will receive a review in 2014/15
- Undertaking individual annual reviews. To reach amber we had to have reviewed over 90% of people known to social care or funded by health. Only 77% of those known to adult social care had a formal review. Most of those who did not have a formal review will have been visited/had contact with social care and had minor adjustments made to care plans etc. without having had a formal review. However, we need to ensure that where we are unable to give everyone a review within 12 months we ensure that those least likely to be in contact with other services are reviewed as priority. e.g. we are monitoring out of county placements and long term hospital placements to ensure they all have a review.

9. In previous years, where the need for improvements have been highlighted from the health self-assessment, the Better Health group, which is a subsidiary of city and county learning disability partnership boards, have helped to draw up the action plan and monitor progress. Carers involved in this year's self-assessment have suggested that this would be a good process to carry forward. The Health and Wellbeing Board are asked to agree this approach.

10. A report will be brought back to the Health and Wellbeing Board towards the end of 14/15 to update on progress made.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) The Board accepts the report.
- 2) The Board agrees the principle of a joint action plan to ensure improvement in areas currently scoring red or amber, with priority for 14/15 being on the red areas, to be monitored with the help of the Better Health Group.

David Pearson - Corporate Director, Adult Social Care, Health and Public Protection

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Constitutional Comments (SLB 05/02/2014)

12. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments ([initials and date xx/xx/xx])

13. To follow.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Nottinghamshire Learning Disability Self-Assessment and easy read version – available from Nottinghamshire learning Disability partnership Board website

<http://www.nottscounypb.org/default.aspx?page=27944>

- Learning Disability self-assessment guidance and RAG rating – available from the Public health observatory website:

<http://www.improvinghealthandlives.org.uk/projects/hscldsaf>

- Nottinghamshire JSNA – chapter 2, vulnerable and seldom heard groups – available on Nottinghamshire County Council's website

<http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/>

Electoral Division(s) and Member(s) Affected

- 'All'